

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/18/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/3/2013
Date of Injury:	1/23/2009
IMR Application Received:	7/30/2013
MAXIMUS Case Number:	CM13-0005224

- 1) MAXIMUS Federal Services, Inc. has determined the request for **therapeutic exercises** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **office consultation** is **medically necessary and appropriate**.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/30/2013 disputing the Utilization Review Denial dated 7/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/9/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **therapeutic exercises** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **office consultation** is **medically necessary and appropriate**.

Medical Qualifications of the Expert Reviewer:

The independent medical doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Preventive Medicine and Occupational Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The Expert Reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and treatments and/or services at issue.

Expert Reviewer Case Summary:

The patient, Ms. [REDACTED], is a [REDACTED] trust officer who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of January 23, 2009.

Thus far, she has been treated with following: Analgesic medications; right shoulder arthroscopy in September 2011; unspecified amounts of physical therapy over the life of the claim; 1% whole person impairment rating through Qualified Medical Evaluations (QME); and extensive periods of time off of work.

In a utilization review report of July 3, 2013, an additional 12 sessions of therapy are non-certified.

The most recent clinical progress note August 7, 2013 is handwritten, notable for comments that the applicant still reports shoulder discomfort, and exhibits painful range of motion about the shoulder with 170 degrees of flexion, tenderness and spasm about the neck, and receives treatment recommendations, which include consultation with a spine surgeon while pursuing additional 12 sessions of therapy. The patient is asked to remain off of work, on total temporary disability, until the next appointment.

A prior note of June 2, 2013, also suggests that the applicant was off of work, on total temporary disability, at that point in time.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for therapeutic exercises:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on Physical Therapy: CA MTUS, page 474.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), Pages 46 and 47, which are part of the MTUS.

Rationale for the Decision:

The MTUS Chronic Pain Guidelines indicate there is strong evidence that exercise programs, including aerobic conditioning and strengthening, is superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. The current request is unclear. It is not clearly stated what these requests represent. It is not clearly stated how much exercise is indicated. It is not clearly stated whether this represents a gym membership, extension of therapy, education and instruction with the therapist, etc. The Chronic Pain Medical Treatment Guidelines do not endorse any one particular form of exercise over another. In this case, it is not clearly stated what the employee's functional deficits are and why the employee cannot transition to a home exercise program independently. **The request for therapeutic exercises is not medically necessary and appropriate.**

2) Regarding the request for office consultation:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on CA MTUS/ACOEM Chapter 7, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), page 1, which is part of the MTUS

Rationale for the Decision:

It appears that the treating provider has requested consultation with a spine specialist. As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, specialist evaluation is indicated in those individuals who fail to respond to conservative treatment. In this case, the employee has seemingly failed to respond to both conservative and operative treatment.

Consulting a spine specialist to determine the cause of her delayed recovery is indicated and appropriate. **The request for office consultation is medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.